## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

**AFTER** 

1" AMENDMENT

DEP.

IND.

**AS FILED** 

DEP.

IND.

**AFTER** 

2 nd AMENDMENT

IND. DEP.

SERIAL NO. FILING DATE 10/

APPLICANT(S) **CLAIMS** 

AS FILED   1"AMENDMENT   2 "AMENDMENT   IND.   DEP.   IND.   IN	IS	·					
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CLAIMS  U.S. DEPARTMENT of COMMERCE			U.S. DEPART	IMENT of C	OMMERCE		

PTO - 1360 (REV. 11/04)

U.S. DEPARTMENT of COMMERCE

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